



## Completeness Review

### Final Design Submittal: Final Architecture Only

Development and Infrastructure Services

State law (A.R.S. § 9-835(D)) requires a Completeness Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Completeness Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for plan review.

Project Name: \_\_\_\_\_ OV Project Number: \_\_\_\_\_

Project Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

#### Required Information:

- | Provided                 | N/A   |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Final Design Application Form with initial submittal   |
| <input type="checkbox"/> | <input type="checkbox"/> Verification of Conceptual Design Approval by Town Council   |
| <input type="checkbox"/> | <input type="checkbox"/> Response letter noting how each Town Council Condition of Approval, staff comment, and agency comment has been addressed for each plan component |
| <input type="checkbox"/> | <input type="checkbox"/> Final Architectural Design Plan: (5 copies)  |
| <input type="checkbox"/> | <input type="checkbox"/> Architectural elevations – Color, Size 11" X 17",  |
| <input type="checkbox"/> | <input type="checkbox"/> Building cross sections – Black and white, Size 11" X 17"  |
| <input type="checkbox"/> | <input type="checkbox"/> Color & materials palette – Size up to 11" X 17"   |
| <input type="checkbox"/> | <input type="checkbox"/> View of Building rooftop – Color, Size up to 11" X 17"   |
| <input type="checkbox"/> | <input type="checkbox"/> Site Cross Sections – Color, Size up to 11" X 17"  |
| <input type="checkbox"/> | <input type="checkbox"/> Fees   |

#### Per the requirements of State law, this permit application is:

- Accepted as Administratively Complete
- Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_